

<i>SERFF Tracking Number:</i>	<i>AGNN-126587842</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45462</i>
<i>Company Tracking Number:</i>	<i>VL 18869 VER 6/2010</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Agreement to use Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/VL 18869 VER 6/2010</i>		

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Agreement to use Electronic Application      SERFF Tr Num: AGNN-126587842 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable      SERFF Status: Closed-Approved- Closed      State Tr Num: 45462

Sub-TOI: A02I.002 Flexible Premium      Co Tr Num: VL 18869 VER 6/2010      State Status: Approved-Closed

Filing Type: Form      Author: Natalie Prevost      Reviewer(s): Linda Bird  
 Date Submitted: 04/19/2010      Disposition Date: 04/20/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval      Implementation Date:  
 State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: VL 18869 VER 6/2010	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments: Simultaneously filing in Texas
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/20/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/20/2010
Deemer Date:	Created By: Natalie Prevost
Submitted By: Natalie Prevost	Corresponding Filing Tracking Number:
Filing Description:	
April 19, 2010	

Re: The Variable Annuity Life Insurance Company  
 NAIC No. 70238  
 FEIN No. 74-1625348

SERFF Tracking Number: AGNN-126587842 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 45462  
Company Tracking Number: VL 18869 VER 6/2010  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Agreement to use Electronic Application  
Project Name/Number: /VL 18869 VER 6/2010

Forms: Agreement to use Electronic Application for Annuity Purchase (VL 18869 VER 6/2010)

Dear :

This form is being submitted for your review and approval. This form is new and does not replace any form previously approved by your Department. Form VL 18869 VER 6/2010 is a form intended for use by our agents in the field when an application for an annuity product is completed electronically via the agent's laptop.

Form VL 18869 VER 6/2010 will be used to confirm the customer's agreement to completing an application electronically via the agent's laptop for the following application forms:

- VL 18038 VER 5/2009 approved on 05/11/2009
- VL 17047 VER 5/2009 approved on 05/20/2009

When the electronic process is used, the agent would have the application in its current form on his or her laptop. The agent and the client would then view the application and together complete the information required. There will be no changes to the existing application forms and after all information has been completed, the application will appear on screen exactly like the currently approved form. The agent will then ask the client to sign Form VL 18869 acknowledging that they completed the application onscreen and acknowledging certain important disclosures, such as fraud warnings, etc. The customer will receive a copy of the agreement form. The annuity application produced from the data gathered through the laptop process and the contract would then be subsequently mailed to the client from the home office.

Please note that this form is exempt from readability requirements since it is used with a variable application and contract.

If you have any questions or need additional information, please contact me at (800) 262-4764 x8705 or by e-mail at [Natalie.prevost@valic.com](mailto:Natalie.prevost@valic.com). I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost  
Legal Analyst

Enclosures

SERFF Tracking Number: AGNN-126587842 State: Arkansas  
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## Company and Contact

### Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com  
2919 Allen Parkway 713-831-8705 [Phone]  
L10-30 713-831-6932 [FAX]  
Houston, TX 77019

### Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas  
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:  
Houston, TX 77019 Group Name: State ID Number:  
(713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Fee for filing in Texas  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	04/19/2010	35765668

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TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.002 Flexible Premium
Product Name:	Agreement to use Electronic Application		
Project Name/Number:	/VL 18869 VER 6/2010		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/20/2010	04/20/2010

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<i>Product Name:</i>	<i>Agreement to use Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/VL 18869 VER 6/2010</i>		

## Disposition

Disposition Date: 04/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	SOV		Yes
<b>Form</b>	Agreement to use Electronic Application		Yes

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## Form Schedule

**Lead Form Number: VL 18869 VER 6/2010**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 18869	Application/ Agreement to use		Initial			VL
	VER 6/2010	Enrollment Form	Electronic Application				18869_0610.pdf



# Agreement to Use Electronic Application for Annuity Purchase

FILED COPY

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas  
VALIC Financial Advisors, Inc. (VFA), Houston, Texas

Mail Completed Forms to:

VALIC Document Control

[P.O. Box 15648, Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

## 1. CLIENT/ANNUITANT INFORMATION

Application Control Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Client/Annuitant Name (Please Print): \_\_\_\_\_ as registered.

## 2. ANNUITY SELECTION AND DISCLOSURE

I am applying for the following Annuity:

☐ [Portfolio Director Fixed and Variable Annuity]

- I have completed the annuity application, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have received a current prospectus for the Company's Separate Account with the privacy notice, I understand its provisions and I agree to be bound by its terms.
- I understand that annuity payments or surrender values are variable when based on the investment experience of the Separate Account and that they are not guaranteed as to dollar amount.
- I understand that any funds allocated to the Multi-Year Enhancement Fund Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term and that the adjustment may increase or decrease the account values.

☐ [Set Rate Fixed Annuity (SRA 1004)]

- I have completed the annuity application, the SRA Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.
- I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.

☐ [Premiere 5 and Premiere 7 Fixed Annuities]

- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.

## 3. SALES TO MILITARY AFFIRMATIONS

If I or any applicable joint owner is active duty service members of the United States Armed Forces, I agree that I have read and understand the important information provided on the Sale to Military Personnel Disclosure Form

## 4. CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS

VALIC and VFA provide the ability for you to submit an application electronically, however, we continue to require a signature affirming that you understand and agree to the following:

Your application is subject to acceptance by the Company at its Home Office.

I agree that the Application Control Number written above in Section 1 is the same as the one that was displayed on the computer screen.

I agree that I have received all the questions and responses displayed on the computer screen, including questions regarding whether I have existing life insurance or annuity policies and whether the policy I am applying for replaces an existing life insurance or annuity policy.

I understand that once locked into the computer, the statements and answers cannot be changed. Any change must be made in writing by the applicant(s).

I understand and agree that the electronic responses and this statement form the application and are the basis for the established account.

I understand and acknowledge that I have read the information provided in the Information page on the following subjects:

- Fraud Warnings
- Withdrawal Restrictions for 403(b) Plans (if applicable)
- Redemptions from Optional Retirement Programs and other Plans (if applicable)

I represent that all statements, answers, and affirmations on this form, the on-line application and other related forms completed electronically, are complete and true to the best of my knowledge and belief.

The signature(s) below applies to all sections and statements made on this application.

Client/Annuitant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Joint Owner's Signature (if applicable) \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
Signed at City/State

**[Arizona Residents:** On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]



## 5. FINANCIAL ADVISOR OF RECORD

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

I know of no replacement other than what was indicated by the applicant's response.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name)

\_\_\_\_\_  
Licensed Agent/Registered Representative's Signature

\_\_\_\_\_  
Date

### INFORMATION

**[California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

#### **FRAUD WARNINGS**

**[In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia Residents and Rhode Island Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

**Kentucky, New Mexico, Ohio and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

#### **REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS**

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

##### **Texas Optional Retirement Program**

• Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.

• Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

##### **Louisiana Optional Retirement Program**

For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan.

##### **WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS**

[According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

##### **EXPECTED ANNUITY DATE**

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director® contract.

##### **BENEFICIARY DESIGNATIONS**

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at [1-800-448-2542.]

##### **SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS**

If you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions with your Employer then the information specified in the Contribution Information section of the Electronic Application will apply. The information specified on the Application shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, the information specified on the Electronic Application shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on the Electronic Application and this form. This agreement shall be legally binding as to both the parties hereto while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement) section of the Electronic Application. Only amounts not currently available to the employee are eligible for salary reduction/deduction.

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Variable  
Product Name: Agreement to use Electronic Application  
Project Name/Number: /VL 18869 VER 6/2010

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Please note that this form is exempt from readability requirements since it is used with a variable application and contract.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> n/a- application filing only		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> n/a- application only filing		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> SOV		
<b>Comments:</b>		
<b>Attachment:</b> Statement-Var.pdf		

**STATEMENT OF VARIABILITY**  
**The Variable Annuity Life Insurance Company**  
**Form VL 18869 VER 6/2010**  
**Agreement to Use Electronic Application for Annuity Purchase**  
**April 19, 2010**

1. The contact of the company is bracketed for administrative purposes. Any changes will be for future use only, and a non-discriminatory basis.
2. **Section 2, Annuity Selection And Disclosure:** Portfolio Director Fixed and Variable Annuity, Set Rate Fixed Annuity (SRA 1004), and Premiere 5 and Premiere 7 Fixed Annuities have all been bracketed. Any changes will be applicable only to new issues.
3. Arizona Residents disclosure: This disclosure is bracketed to allow for changes in state law requirements.

**INFORMATION:**

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
  - California Senior Disclosure
  - State specific Fraud Warnings
  - Withdrawal Restrictions for 403(b) Participants
- b. The contact number for a Client Service Professional is shown as bracketed for situations where the number may change.



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Tracey Harris - Vice President  
The Variable Annuity Life Insurance Company

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April 19, 2010  
Date